



## Oaklands Community Primary School

### Policy on the Use of Force to Control or Restrain Pupils Including:

#### “Safe Space and Temporary Restriction of Liberty” (Seclusion) policy

At Oaklands Primary School we believe that the safety and well being of all staff and pupils are of the utmost importance. The staff of Oaklands Primary School are authorised by the Headteacher to have responsibility of pupils and must be aware of this policy and its implications.

We value staff efforts to rectify any difficult situation that may arise and in which they exercise their duty of care for the pupils. Under certain conditions this duty must be an overriding factor enabling our pupils to be safe and secure.

#### Principles

Pupils need to be safe, know how to behave and know that the adults around them are able to manage them safely and confidently. Physical intervention will only be needed for a very small minority of our pupils and then only acceptable forms of intervention will be used.

Staff professional development in the area of positive handling is seen as a priority area, for action by the Senior Leadership Team and members of staff in the Autism Base.

Staff need to feel able to manage behaviour that challenges and to have an understanding of what challenging behaviour from pupils might be communicating. They need to know what options are open to them and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention.

Parents have a right to know that their children are safe at Oaklands Primary School and they need to be informed of all interventions involving their child, including the context of the intervention.

Staff should be kept informed of planning in relation to individual pupils who are considered likely to present with behaviours that challenge.

Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.

Staff will always take steps to avoid the need for Restrictive Physical Intervention through dialogue and diversion. If this fails the pupil will be warned, at their level of understanding, that Restrictive Physical Intervention may be used. However, it is understood that in an ‘at risk’ emergency scenario that this may not be possible and quick intervention becomes the priority to ensure the safety of pupils and staff.

Only the minimum force necessary will be used to prevent severe distress, injury or damage.

Every effort will be made to secure the presence of other staff who can act as helpers, witnesses or in taking over the incident in an effort to defuse the situation.

It is essential to preserve the emotional health and well-being of all involved, including support in debriefing, time out and future planning.

The school endeavours to ensure that all staff know and understand their roles and responsibilities in relation to the management of pupils.

## Definition

The law allows for teachers and other persons authorised by the Headteacher to use Restrictive Physical Intervention to prevent a pupil from doing or continuing to do any of the following:

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property
- Engaging in any behaviour which is prejudicial to maintain the good order and discipline at the school

This policy is based on the ethos of Team Teach; a behaviour management and physical intervention approach accepted in Somerset as good practice.

## Aims

- To promote a safe and caring environment
- To develop an ethos which values individual needs, dignity and achievement
- To provide a framework which enables pupils to learn appropriate behaviours, social skills and relationships
- To provide a consistent approach in which all staff promote positive behaviour and feel confident to deal with challenging behaviour
- To use physical interventions appropriately and in line with Team Teach principles
- To have a clear system for reporting and recording incidents of physical intervention
- To promote consistency and continuity of approach for pupil behaviour between school, home and other services

## Context

This policy was written with reference to the following:

- Team Teach, The Children's Act 1989, The Education & Inspection Act 2006, Use of Reasonable Force Guidance July 2013, Behaviour and discipline in schools Advice for Headteachers and school staff January 2016.
- It should be read in conjunction with the School Aims, Health and Safety Policy and Child Protection Policy

## Individualised or Specific Behaviour Strategies

### 1. Assessment

This is essential for understanding and analysing the behaviour.

Less formal assessment will be appropriate for certain types of behaviour, whilst more extreme behaviours will require more extensive assessment.

### 2. Individual behaviour plan

A behaviour support plan / individual behaviour plan will be completed for pupils identified as needing specific behaviour support which is more than part everyday classroom management. For monitoring purposes a record is kept of those pupils requiring individual behaviour plans by the lead teacher in the autism base or the Inclusion Leader. Risk assessment is included within the behaviour support plans although it may be necessary to complete additional risk assessments for specific activities or individual pupils.

## Assessment, Recording and Reporting

This will include some or all of the following: -

- Annual reviews and one page profiles or inclusion support plans
- **Positive Handling Plan (In agreement with parents)**
- Observations, class/ staff discussions
- Formal assessment tools e.g. ABCC
- Home school link books, letters and meetings with parents
- Repetitive Behaviour & Incident Monitoring
- EEC incident / accident form

- Bound Book Record (must be completed if a physical intervention is required)

## **Guidance**

There are occasions at Oaklands Primary School when staff will have cause to have physical contact with pupils and this is part of a natural duty of care. These may include:

1. Comforting a pupil in distress
2. Encouragement
3. Gently redirecting a pupil
4. For curricular reasons, e.g. in PE, Drama etc
5. To keep a pupil safe to avert danger either in school or in the community
6. For personal care

Restrictive Physical Intervention is the term used where bodily contact using force is used. It refers to any instance in which a teacher or other adult authorised by the Headteacher has to, in specific circumstances, use 'reasonable force' to control or restrain pupils. There are no legal definitions of 'reasonable force' but there are two relevant considerations:

1. The use of force can be regarded as reasonable only if the circumstances of an incident warrant it
2. The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent

### **Definition of Restrictive Physical Intervention (RPI)**

"Restrictive Physical Intervention" is the term where bodily contact using force is used. All members of school staff have a legal power to use reasonable force (Use of Force Guidance April 2012). The use of force is regarded as reasonable to prevent Injury to themselves and others whilst:

- Committing a criminal offence
- Causing serious damage to property
- Engaging in extreme behaviour which is prejudicial to maintaining good order and discipline in school

Only the *minimum force* necessary to prevent injury or damage should be applied when *danger is immediate*. It must be shown that any RPI was reasonable, necessary and proportionate to the circumstances of the incident and that every possible step was taken to de-escalate the situation.

The definition of physical force also includes restriction of liberty or use of closed doors. It is important for staff to note that, although no physical contact may be made there are still situations that are regarded as a Restrictive Physical Interventions.

The law strictly prohibits the use of force, which constitutes the giving of corporal punishment or for the use of force as a punishment or to intentionally cause pain, injury or humiliation.

In all situations where physical contact between staff and pupils takes place staff must consider the following:

1. The pupil's age and level of understanding
2. The pupil's individual characteristics and medical history
3. The location where the contact takes place, e.g. by a road.

### **Physical Contact and Restrictive Physical Intervention Guidance (RPI)**

This policy and guidance acknowledges that all Oaklands School staff may support and work with pupils on a day-to-day basis, some of whom exhibit disturbed, distressed or distressing behaviours. There is a clear need for staff to be advised and supported, by school and the LA, and given complete reassurance that any actions in accordance with this policy will

receive unequivocal support. Definitions, guidelines and training implications of the Team Teach physical interventions are available from the Inclusion Leader and Autism Base Leader. Some staff at Oaklands School are trained in the use of Team Teach physical interventions and receive updates every three years.

### **Ethos**

The starting point should be that all other strategies have failed, and it is as a last resort that restrictive physical interventions are used. However physical contact can, and should be used positively as an act of care and to reinforce relationships. Restrictive physical intervention (RPI) should not have punishment or the idea of controlling a child as its central aim but rather the need to support, demonstrate care and as part of a planned intervention with the long term aim of helping pupils develop skills which will make physical intervention less likely in the future. RPI may be used

in an immediate crisis situation but there after must be reviewed and written into an individual behaviour plan. Staff should be aware that some pupils enjoy physical contact or restraint or that physical intervention may escalate the behaviour or situation, particularly for pupils who are touch sensitive or dislike close physical contact. For these pupils physical intervention may not be appropriate. Physical intervention can be extremely upsetting for staff as well as pupils. Both will need time to recover and opportunities to review at a level appropriate to them. Staff debrief is also key to considering what happened / why, planning support for the future and hopefully avoiding other incidents

The Headteacher must always be informed via the bound book logs, we hold two bound books, one for mainstream and one for the specialist base. The incident should be followed up with time for the adult and child to talk about the situation. Staff will need a period of recovery after physical intervention.

### **Touching**

For the purposes of this document touching is defined as everyday acts of communication by physical means to indicate approval, affection, security or sympathy. For example, a touch or pat on the shoulder, a held hand, an arm around the shoulder, a stroked back or hug / hold are appropriate actions in school and with younger pupils. Not only can touching be a positive reinforcement to relationships and a comfort in times of stress but there is also research evidence to indicate that it can be very effective as reinforcement to academic achievement. However staff should be mindful of the physical context of their actions. They are protected from unfounded accusations of inappropriate physical contact with pupils if witnesses are present. Touching of this type should never take place in private conditions. It is not the intention here to deter physical contact but to ensure that physical contact is not misinterpreted.

### **Teaching**

In some cases a member of staff may need to physically support pupils as part of the teaching process, particularly those with behaviours that challenge. Staff will themselves identify activities in which it is helpful or even essential to touch pupils and give physical direction. They will include: -

- Physiotherapy and occupational therapy
- Pupils who have communication difficulties and require an STC approach
- Supporting in P.E. e.g. swimming, Rebound therapy, yoga, movement and dance
- Topic work e.g. taking a pulse in science.
- Personal skills e.g. dressing and washing hands or face.
- Modelling activities e.g. using scissors, washing hands or learning to sit on seats.

These types of contact are a legitimate part of every staff member's repertoire of learning / behaviour support and should not normally require recording. Staff will be supported in their proper use.

Physical contact / touch in these circumstances must:

- Have a justifiable point.
- Never become a power struggle and cease immediately if the child forcibly resists for more than a moment or appears distressed.

- Not last longer than necessary to fulfil its objective.
- Avoid breast and genital areas.
- Never take place in private conditions.
- Take into account a child's sensitivity to touch. (This should be discussed as part of their Annual Review and individual education plan)

### **Treating**

Toileting and Incontinence – Toilet training and the cleaning up of incontinent pupils is considered a treatment. This may require intimate contact during cleaning up and necessarily centres on the genital area. Parents should agree to their children being cleaned by staff and staff should aim not to work alone at this task, although this is not always practical or possible. Staff should at least ensure that another adult is aware of this reason for withdrawing a child.

Emergency treatment e.g. administration of emergency epilepsy drugs - this may be required at any time and staff should never feel constrained from acting immediately to prevent harm.

Routine treatments e.g. medical procedures or physiotherapy - these can involve close and perhaps painful contact and they may have to be carried out when a child is withdrawn from class and other adults are not present. Such treatments should only take place with the recorded advice of an appropriate medical professional and the agreement of parents / carers.

Any procedures used should: -

- Have a medical and / or hygienic point
- Involve the minimum contact necessary
- Staff carrying out any of these treatments according to these guidelines will be supported in their provision of this important service.

### **Team Teach Physical Interventions**

It is important to note that Team-Teach techniques seek to avoid injury but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the pupil remains safe. Many staff at Oaklands School have been trained in use of the following physical interventions. They have a refresher course every 3 years.

Personal Safety Techniques:

- Arm safe disengagement
- Neck safe disengagement
- Bite response
- Clothing and hair responses
- Holds and Escorts:
- Caring Cs and Friendly Hold (Non-restrictive – guides only)
- T-wrap: single person hold RPI (Restrictive Physical Intervention)
- Single elbow: 2 person or single person hold ( RPI)
- Other physical interventions are only taught on an individual / need to know basis.

***Use of all restrictive holds and escorts must be recorded and reported. Any serious incidents involving personal safety techniques must also be recorded and reported.***

### **Restricting Liberty / seclusion (reference Team teach manual Pages 23- 25)**

Restriction of Liberty can only be used to safeguard a child as a last resort. Seclusion is where a child is forced to spend time alone in a locked space. As a general rule, the best way to monitor and support a person is to be in the same room as them. However there are exceptions for example if the proximity of another adult is clearly distressing them. Some pupils with autistic spectrum disorders find the close proximity of others to be an additional and unnecessary cause of stress. If the adult is not in a room with a child they must remain close enough to monitor the situation and offer immediate support if required. This can be done unobtrusively to allow space and dignity to the person concerned. As a general rule, locked doors should not be used to confine pupils within rooms or areas unless the individual is especially vulnerable for example under the age of 16 with an autistic spectrum disorder and does not understand danger. Some pupils pose a risk to others when they are in a

highly aroused state. No employer can lawfully direct a member of staff to go into a room to be attacked or injured.

Restriction of liberty may be justifiable as a protection against personal attack. Similarly, if there was good reason to believe a child would attack someone else if allowed to leave in a highly aroused state, then it may be reasonable to temporarily prevent them from doing so. Such measures should be exceptional and result from a risk assessment (this might be a dynamic risk assessment at the time).

After any incident of seclusion / restriction of liberty, a review of practice must take place. Consideration should also be given as to whether the placement is appropriate.

The pupil's behaviour and responses should be documented every 5 minutes until the door is opened or a member of staff enters the space.

As a general rule any restriction of liberty is the minimum restriction and for the shortest time possible.

### **Legal Considerations**

The 2010 Guidance, referring to the 2002 Guidance principles states;

***The use of seclusion*** (where a person is forced to spend time on their own against their will) is a form of physical intervention and should only be considered in exceptional circumstances. The right to liberty is protected by criminal and civil law and seclusion outside the Mental Health Act should always be proportionate to the risk presented by the pupil.

The use of seclusion must be seen as a restrictive physical intervention. It is only used as part of a holistic broad approach to the management of extreme challenging behaviour. The inappropriate use of seclusion may be unlawful, as will any unreasonable use of force where there is no legal justification. Therefore, seclusion should only be used when:

It is in the best interests of the person being secluded – and never for ease of management. It is an emergency rather than a planned response (unless part of an emergency interim short term plan).

It is the least restrictive response and its use is proportional to the level of risk presented.

It is used for the minimum period of time to restore safety.

Other strategies such as de-escalation have been used or are considered to be inappropriate in the circumstances.

### **Recording and reporting the use of seclusion**

All incidents must be:

- Monitored and recorded on a pupils individual behaviour tracker
- Recorded in the bound book
- Reported to the to the head teacher as soon as possible.
- Reported to parents / carers as soon as possible and at least by the end of the day.

**Reviewed and approved: 02.10.2020**

Review Autumn Term 2022

Signed: K Parr

Headteacher